

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1		1				51	
2	1		1				52	
3		2		2			53	
4		2		2			54	
5	1		1				55	
6		2		2			56	
7		2		2			57	
8	1		1				58	
9							59	
10							60	
11							61	
12							62	
13				1			63	
14				1			64	
15		2		2			65	
16		2		2			66	
17		2		2			67	
18							68	
19	1		1				69	
20							70	
21							71	
22							72	
23							73	
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38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.		↓	18	↓		↓	TOTAL IND.	↓
TOTAL DEP.		←	12	←		←	TOTAL DEP.	←
TOTAL CLAIMS			30				TOTAL CLAIMS	